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THE PRIMARY EDUCATION
of
CRIPPLED CHILDREN

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Some Considerations
Affecting the
Primary Education
of
Crippled Children

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Together with a Survey of the Historical
Development and Present Status
of Care for Cripples.

By

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I.

In addition to proper surgical attention, what the crippled child most needs is that help which is required to offset or counterbalance the peculiar limitations imposed upon him by his deformity. The physical care is of prime importance, for it is essential in all cases and in many instances it succeeds in effecting complete cures, thus disposing of the entire problem. But there is something besides physical care to be considered if the best all-around results are to be obtained. The crippled child should be afforded educational facilities fully as advantageous as those offered to normal children.

All of the arguments which can be advanced for the education of normal children—and more—can be urged in behalf of the crippled child. Starting life with

a serious handicap, the only chance for the cripple lies in superior preparation for the struggle for a livelihood. For the normal, healthy person education is desirable; for the cripple it is necessary; that is, unless he is to be a constant charge on the community. And this is as bad for the cripple as it is uneconomical for the State. Did the education of the physically defective cost five times as much as it does it would still pay the State to provide education for this class, judging by a mercenary standard alone. When considered from an humanitarian viewpoint, the necessity of education seems even more urgent. It will hardly be denied, then, I take it, that proper education should be provided for the cripple.

In examining the extent to which the community has fulfilled this obligation to the crippled child, it may be well to survey briefly the development of the movement in his behalf.

II.

From the earliest times the lot of the cripple has been a hard one. In the ages of antiquity, among primitive people, cripples were disposed of in a very simple manner. They were cast out and left to perish. As this was considered perfectly justifiable, the community easily discharged its duty in the matter. Oriental peoples turned forth their cripples to wander in the wilderness. The inhabitants of ancient India cast them into the Ganges; the Spartans hurled them from a precipice. The early Jews banished their cripples from the cities and communities so that they had, perforce, to beg by the roadsides. The general attitude was to regard a physical deformity as a blight sent by God either as a sign of His displeasure or as punishment for sin.

The Greeks, worshipping as they did, the perfection of bodily form, regarded a

cripple as the incarnation of everything unlovely, not only physically but also mentally and morally. Homer describes Thersites as possessed of every ugly attribute, and equally deformed in body and in mind.¹ Such was the propensity of this crippled soldier of the army before Troy for indulging in vituperative language that he could not abstain from directing it against not only the chiefs of the army, but even Agamemnon himself. It is related that he ultimately perished at the hand of Achilles, while he was ridiculing the sorrow of that hero for the slain Penthesilia. Bodily defect is also associated with low mental and moral tone in early Teutonic mythology. Later on in *The Tempest*, Caliban, who is described as being capable of all ill,² is pictured as a savage and deformed slave.

In the Middle Ages the spread of Christianity had done little to better the treat-

¹ Homer; *Iliad*, 2, 212 seqq.

² Shakespeare; *The Tempest*, Act 1, Scene 2.

ment of the cripple. In fact, those burdened with physical deformity were considered as targets for contempt and ridicule and contumely was continually heaped upon them. Very often were they compelled to gratify the whims of their fellows by playing the part of jesters or fools.

But all this was destined to pass. If it was slowly, it was none the less surely. With the crystallization of the social sentiment and the growing consciousness of the responsibility of the community for its unfortunate members the lot of the cripple began to improve. But it was long after care for the blind, the deaf and dumb, and the mentally defective had been provided that any considerable attention was devoted to the cripple.

In the early part of the nineteenth century can be found isolated cases of the admission of cripples to asylums and almshouses maintained by religious bodies. Care of this sort, however, merely

protected the cripple against care and neglect. It was many years later when the first efforts were made to render cripples self-supporting and independent and thus accomplish permanent results.

To Bavaria must go the credit of establishing the first institution for the care of cripples on the basis of education and development. In 1832 Johan Nepomuk founded in Munich the first home and school for cripples.¹ Twelve years later this institution was taken over by the Bavarian authorities and is now maintained under state auspices.

Following this example, many other homes with similar purposes were founded and soon France, England, Switzerland and Italy, as well as Germany, came to have one or more institutions for the care of cripples. In 1872 there was founded in Copenhagen, Denmark, by Pastor Hans Knudsen an industrial school,²

¹ Kgl. bayerische Zentralanstalt für Erziehung und Bildung krüppelhafter Kinder.

² Samfundet, som antager sig Vanføre og Lemlæstede.

which has been a leader along many lines. Since that time there have been institutions established in the United States, Sweden, Finland, Russia, Norway, Austria-Hungary, Holland and Belgium.

At the present time there are a very fair number of institutions in different parts of the world doing work for cripples. Perhaps the most conscious movement in their behalf is in Germany, where there is a national association¹ for the benefit of crippled children. Concerted work by all those interested in the work has done much to advance the cause, and there are now about fifty homes for cripples in the German Empire. Switzerland, which has but one institution² for cripples, has awakened to the realization of how much there is to be accomplished, and there, too, has been organized a society³ to promote the interests of cripp-

¹ Vereinigung für Krüppelfürsorge.

² Mathilde-Escher Stiftung.

³ Schweizerischer Verein für krüppelhafte Kinder.

pled children and provide for their care at different points throughout the country. A national campaign for contributions has been waged and a large sum of money has already been raised.

In the Scandinavian countries the situation is one of promise. Denmark, which is a small country, has an excellent institution which has been referred to previously, and the Danish cripples are well provided for. Sweden has four institutions devoted to the care of the physically infirm. These establishments are well distributed and cover the field very satisfactorily. Norway has but one such institution¹, and, while this is excellent, it is not adequate to meet the demands of the situation. It is expected, however, that another will soon be established.

Finland has four schools for cripples and Russia has two. Austria-Hungary has four institutions for the crippled and

¹ "Sophies Minde," Arbeidsskolen og Hjem for Vanføre.

deformed and Belgium and Holland have one each. France, which started so early¹ in work along this line, has made little progress lately and the situation there is far from satisfactory. Italy has some excellent institutions, though the problem of caring for the crippled population there is a particularly difficult one with which to deal.

England has for many years had excellent institutions for the care of cripples and there are several agencies there which have done pioneer work along certain lines. Perhaps the most interesting tendency at the present time is the increasing responsibility for the education of cripples which is being assumed by the public authorities. There are also a number of homes and several good trade schools.

In the United States much work has been done, although most of it has been

¹ With the foundation in 1845 of "Les Asiles John Bost."

concentrated around several centers. A deplorable feature, however, is the total lack of care for cripples in some extensive districts. Some of our native institutions for the care of cripples are as fine as any in the world and are doing splendid work. One phase of work for cripples in this country which is practically unique is State care. Three States of the Union now have the only institutions for cripples which have been started wholly by legislative initiative and have been managed entirely under public auspices. The majority of these State establishments are efficient modern institutions. Lastly, there is a work of splendid promise which has been inaugurated by the public school systems in two cities. This will be referred to later.

It is not to be inferred that the provision for cripples at the present time is at all adequate. There are, to be sure, some excellent agencies for their care, but they are few and far between and are lament-

ably insufficient in point of accommodation to meet the needs of the situation. Where there are a dozen institutions for other classes of defectives, such as the blind or the deaf and dumb, there is one or perhaps none for cripples. As the movement in their behalf was late in starting, so it has been slow in developing, and at the present time the field of care for cripples offers a splendid opportunity for work.

III.

Just so long as the means available for the care of cripples is limited, so long should the chief emphasis be placed on the care and training of crippled children. With children more can be effected, and, consequently, more permanent good can be accomplished.

The form of care to be given must depend largely upon the circumstances in individual cases. Broadly speaking, however, it may be said that there are

two distinct methods of providing for the education of crippled children. One is residential treatment in institutions and homes, the other is in non-residential schools to which the children go each day. As a general thing, when the latter method is used, the requisite medical attention is secured by sending the children to clinics or dispensaries. In cases of extreme disability or long-continued sickness, the residential system is essential, but in cases where occasional treatment only is required excellent results have been attained by the day school plan. Realizing, therefore, the necessity in serious cases of the residential system in its own excellently developed field, the remainder of this article will consider only such cases as do not demand residential treatment and would not, under normal circumstances, be likely to receive it.

There are thousands of crippled children in the cities of our country who would profit by care in day schools, and

yet to whom nothing is given beyond surgical care. In their cases the humanistic and educational considerations are entirely neglected. Such of these cripples whose families cannot afford to give them exceptional advantages grow up within the most cramped environment, being practically confined to the limits of their homes. They are able to get out very little, and all educational advantages are absolutely denied them. Their existence, as they grow older, becomes, in many instances, almost embruted. Such children, even were a complete surgical cure effected, would hardly be fitted for useful careers on account of their serious educational deficiencies. And when a child reaches an advanced age without any schooling whatever, the case is indeed a difficult one with which to deal. Such a situation should clearly never be allowed to exist. In order to prevent it educational facilities should be provided for crippled children when they are at the receptive age.

The logical provision for such children is education in day schools, so modified as to be adapted to their special requirements. Universally speaking, however, very little has been done along this line, though in specific instances and localities excellent results have been attained. In England there has been developed an excellent system of day schools for crippled children in conjunction with the public school organization, and the accommodation afforded is more nearly approaching adequacy each year. In New York City there are day schools under both State and private auspices. In Chicago there are special classes maintained in the public schools, and in Boston there is an excellent industrial day school under private management.

For crippled children attending such schools it is necessary to provide in addition to the instruction at the school daily transportation from the homes and a nursing supervision over the children's physical condition.

Among the day schools for cripples now in operation some are maintained by the State and some under private auspices. In most instances of private management, however, the establishment of the school was prompted by the failure of the public authorities to provide for the situation. In some cases it is necessary to furnish trade education by private means, but now there is a growing sentiment in favor of the provision of this, too, by the State.

The responsibility, at least, for primary education, however, should undoubtedly rest upon the State, and such training should be provided by the public education authorities. It is the duty as well as the path of economy for the community to furnish such facilities. The advantages of the provision of primary education by the regular school authorities is obvious, and the placing of the responsibility for it upon public agencies has manifest advantages.

In the first place, it puts the expense where it belongs and leaves private philanthropy free to exert its efforts in other directions.

Secondly, it places the work on a more permanent basis, relatively independent of changes in management or decreases of a fluctuating income.

Again, it accomplishes the very excellent end of removing regular education from a charitable category. This is a benefit to both sides.

Finally, it makes the whole education process normal, as it allows the crippled child to go to the same school as does his more fortunate brother. This is a healthy influence which tends toward self-respect. The average deformed child, under ordinary conditions, feels his keenest sorrow in the fact that he cannot do as the other children do. It would be idle to suppose that he is harassed by any far-reaching vision of a life rendered barren through the lack of educational advantages. The

crippled child, while not like the normal child in all his positive characteristics, is at least like him in all his negative traits. And one of these, the attribute of every child, is immaturity of mind. And the result of this is shortness of vision. The present looms up as of disproportionate importance. The child's really acute deprivation is that he cannot play as the other children do and that he cannot go to the same schools where they spend so much of their time. The relative importance of the two considerations to the child is probably ranked in the sequence named. So while special schools, from the child's point of view, are a help toward relieving the narrowness of existence, the chance to go to the regular public schools is a blessing that puts him on the high road to regaining a normal and healthy view of life. It contributes inestimably to his happiness and adds materially to his self-confidence, which has in so many cases been almost totally obliterated.

In addition to this, the efficiency of this system, from a pedagogic standpoint, has been amply demonstrated by the excellent classes in the New York and Chicago public schools.

At the present time, however, it seems that the outside care which is essentially personal in character, must be provided by private philanthropy, and owing to the non-paternal attitude of the authorities, it is probable that this will continue to be the case. Part of the care, the transportation, for instance, can be provided by the State, but often the best way in which such an arrangement can be brought about is for the service to be provided first by private means and then, when it is demonstrated to be successful, it may be taken over and made a part of the official system.

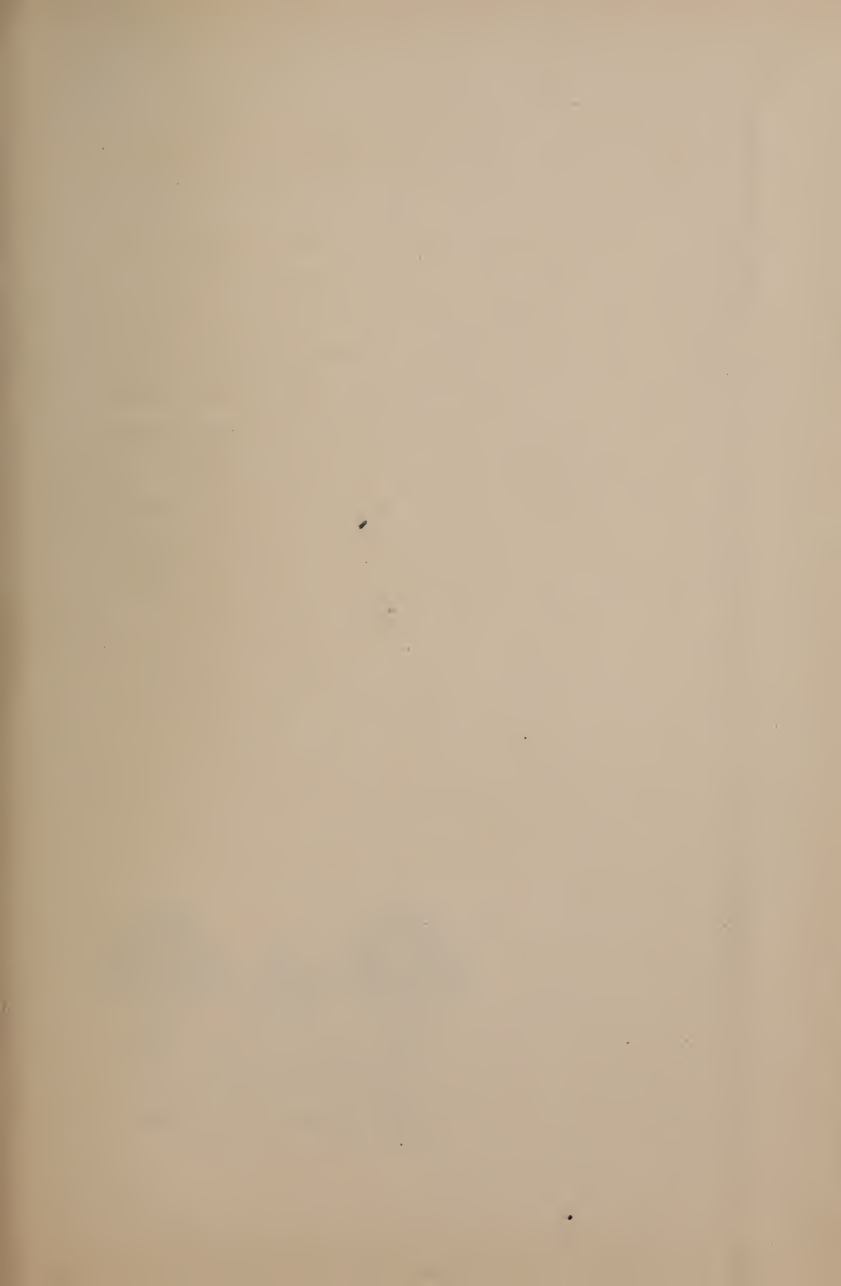
This in many ways is a very logical evolution. The burden for the pioneer work is thus placed upon members of the community who are especially interested and

experiments can be made with alternate failure and success without the public censure incidental to the former outcome.

In cases where the children are moved daily from place to place it remains largely a matter of judgment as to whether the clinical work shall be done in the schools or elsewhere, as at hospitals or dispensaries. In view of the fact that removing such work from the schools makes the educational system more normal for the children, this would seem the more advisable course.

Where possible it is well to leave as much of the responsibility as possible with the family—where it belongs. If the family can be trained so as to fulfil this, then the most permanent results are attained. The relations of the child to his parents remain natural, and as such they function in the healthiest manner. The home situation is not strained and no unpleasing readjustments are necessary.

The crippled child is not unlike a normal child, except in the fact that he is handicapped by his deformity and is thus denied some of the activity of his more fortunate fellows. The aim should therefore be to give him, in so far as possible, all the advantages enjoyed by other children, offsetting by aid at special points the limitations imposed by his deformity. Such a policy would give him his education through ordinary means, and as a right, not a charity. It would also make for a more thorough and healthy mental growth and development. To summarize the situation, it may be said that conditions of primary education for a crippled child should be made just as normal as possible.



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